

NORTHERN VIRGINIA TRAINING CENTER

NOTICE TO APPLICANTS

Before completing the application, please review the following information, which is needed in order for the Human Resources Department to process:

- Your name and signature must be exactly as it appears on your Social Security Card and Work Authorization Card (if applicable).
- The full name and complete address and phone number of each employer (past and current) must be shown.
- All dates of employment or unemployment, in chronological order, since completion of high school must be shown, regardless of whether or not it is relevant to the position you apply for and/or you resided in a different country at the time. If additional space is needed, please use a single sheet of white of paper.
- If you are offered a position you will be required to:

Submit documentation required for Employment Eligibility Verification (I-9) form.

Authorize this facility to complete a State of Virginia Criminal History check.

Authorize this facility to access any information concerning you in the Virginia Department of Social Services Child Protective Services Central Registry.

Submit to fingerprinting to allow for access of information by the FBI through the National Criminal Investigations Center (NCIC) and by the State Police through Central Criminal Records Exchange.

Submit to pre-employment drug testing if you are offered a “safety sensitive position.

- No action can be taken on any application, which is incomplete or contains incorrect information.
- The application represents you to NVTC. Therefore, it should be neat, legible, and complete.

Applicants will receive notification of receipt of application only. No further communication concerning the position will be made.

I HAVE READ THE ABOVE STATEMENTS, AND AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION, REGARDLESS OF TIME OF DISCOVERY, MAY RESULT IN TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position number _____

Commonwealth of Virginia

An Equal Opportunity Employer

Application for Employment



Send this application
directly to the agency
announcing the vacancy.

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for _____
(one per application)

2. Agency _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration.

Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle

6. Home Phone () _____

5. Address _____

7. Business Phone () _____

_____ City State Zip

8. EDUCATION

a. Check highest grade completed ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 Year Completed _____

b. If you did not complete high school, do you have a high school equivalency diploma? ☐ Yes ☐ No Date Received _____

c. Check number of years of post high school education ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

9. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ☐ Yes ☐ No

a. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hours/week

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

b. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Salary (start) _____ (finish) _____

Dates (mo/yr) _____ to (mo/yr) _____

Full-time Part-time Hours/week

Number and titles of employees you supervised _____

Equipment used _____

Reason for leaving _____

Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type _____ License Number _____ Granted by (licensing board) _____

10. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. **MISCELLANEOUS**

- a. Check which shift you will accept: ☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends Specify shift hours _____
- b. Check which job status you would accept: ☐ Full-time ☐ Part-time (specify) _____
- c. Check which employment status you'd accept: ☐ Salaried (benefits) ☐ Hourly (No benefits) ☐ Part-time salaried (leave benefits only)
- d. Are you willing to accept employment which requires you to travel? ☐ No ☐ Yes. If yes, ☐ During the day only, ☐ Occasionally overnight, ☐ Frequently overnight.
- e. List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
☐ Yes ☐ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Are you willing to provide your own transportation if necessary for your employment? ☐ Yes ☐ No.
- h. Section 2.1-32.1 of the Code of Virginia prohibits any board, commission, department, agency, institution or instrumentality of the Commonwealth from employing a person who is required to present himself and submit to the federal Selective Service registration requirement and failed to do so. If you are/were required to register for the Selective Service, have you done so? ☐ Yes ☐ No.
 If no, state reason: _____
- i. For purposes of compliance with Section 2.1-112 of the Code of Virginia, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard?
☐ Yes ☐ No. If yes, did you serve during the Vietnam Conflict (2/28/61-3/7/75)? ☐ Yes ☐ No
- j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. ☐ Yes ☐ No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance(if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

_____ Month _____ Day _____ Year

13. **CERTIFICATION**--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the Commonwealth of Virginia. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ Applicant Signature _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- ☐ *White (includes Arabian)*
☐ *Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)*
☐ *Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)*
☐ *Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)*
☐ *American Indians (includes Alaskans)*

Check the block for the highest level of education you have completed (check only one):

- ☐ *Less than 8th grade*
☐ *Completed 8th grade*
☐ *Attended high school*
☐ *High school graduate or equivalent*
☐ *Attended college and/or associate degree*
☐ *College graduate*
☐ *Attended graduate school*
☐ *Master's degree*
☐ *Graduate study beyond master's requirements*
☐ *Ph.D. or professional degree*

Check the appropriate block:

- ☐ *Female*
☐ *Male*

Please indicate your date of birth: _/_/_

Position applied for: _____

Position number: _____

FOR OFFICE USE ONLY

EEO Category: _____

How did you find out about this employment opportunity?

- ☐ *Newspaper** ☐ *State RECRUIT system*
☐ *Radio/TV** ☐ *Agency Bulletin Board*
☐ *VEC* ☐ *Other (please specify)*

**specify name of newspaper or other media*

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
 Name _____ Announcement Number _____

Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
_____	_____
_____ Phone _____	_____
Type of business _____	_____
Immediate supervisor _____	_____
Title _____	Number and titles of employees you supervised _____
Salary (start) _____ (finish) _____	Equipment used _____
Dates (mo/yr) _____ to (mo/yr) _____	Reason for leaving _____
Full-time _____ Part-time _____ Hours/week _____	Your name if different from present _____
Job Title _____	Duties: _____
Employer _____	_____
Address _____	_____
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